

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N23143 (3)**

1. Corporation Name

**SARA MANA ANTIQUE DEALERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**539 S. PINEAPPLE  
SARASOTA FL 34236  
US**

**539 S. PINEAPPLE  
SARASOTA FL 34236  
US**

3. Date Incorporated or Qualified  
**10/23/1987**

3a. Date of Last Report  
**02/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VINALES, JACK  
539 S. PINEAPPLE  
SARASOTA FL 34236**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

*Jack Vinales* **TREASURER**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/21/96**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
PIKE, SHARALYN  
4039 PRESCOTT STREET  
SARASOTA FL**

TITLE ☐ DELETE

**VD  
GOODMAN, EVELYN  
4525 NORTHLAKE  
SARASOTA FL**

TITLE ☒ DELETE

**SD  
HANCOCK, JUDY  
2931 MANATEE AV WEST  
BRADENTON FL**

TITLE ☐ DELETE

**TD  
VINALES, JACK  
1917 BAHIA VISTA STREET  
SARASOTA, FL 34239**

TITLE ☒ DELETE

**D  
KEIRNS, DON  
PO BOX 465 N/A  
TALLEVAST FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**SD  
SONIA CASTILLO  
508 S. PINEAPPLE AV  
SARASOTA, FL 34236**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**D  
FRAN HAMILTON  
6901 22ND AV WEST  
BRADENTON, FL 34209**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jack Vinales* **JACK VINALES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/21/96 (941) 957-0002**

Date

Daytime Phone #

CR2E037 (12/95)